STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, ty	^{/pe} 12FE4M5	Office use only
NEW YORK B	ANKERS ASSOCIATION POLITI	CAL ACTION COMMIT	ŢĔŖ	
ADDRESS (number and	street) 4th Floor			
(Check if address is changed)	New York		NY NY	10016
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA (Check if address is changed)	IL ADDRESS (Please provide only one of karmstrong@nyba.			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if addres is changed)	s			
2. DATE 0 9				
3. FEC IDENTIFICA	ATION NUMBER	C C00081422		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED	(A)	
I certify that I have exam Type or Print Name of	ined this Statement and to the best of my ki	-	orrect and complete	
Signature of Treasurer	. Electronically Filed by Karen L	Armstrong	Date 0 9	7 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information m		•	
Office Use Only		For further infor Federal Election (Toll Free 800-424	Commission 4-9530	FEC FORM 1 (Revised 02/2009)